



The Commonwealth of Massachusetts
Division of Health Professions Licensure
 Board of Registration in Dentistry
 239 Causeway Street, 5th Floor
 Boston, MA 02114
 (617)727-9928

www.mass.gov/dpl/boards/dn

BOARD USE ONLY

Board: _____
 License# _____
 Type: _____
 Cash# _____
 Cash Date: _____

**INDIVIDUAL ANESTHESIA AND FACILITY
 PERMIT
 APPLICATION**

Application for Administration of General Anesthesia, Deep Sedation, Conscious Sedation, and Nitrous-Oxide Oxygen Sedation

 Last Name First MI Home Phone Business Phone

 Street City State Zip Code

Status Code:	Issue Date:	Lic. Exp. Date
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This application should only be submitted after determining that the requirements in 234 CMR 3.00 Administration of General Anesthesia, Deep Sedation, Conscious Sedation and Nitrous-Oxide Oxygen Sedation have been met. To obtain a copy of 234 CMR Dental Rules and Regulations please call the State House Bookstore, Room 116, Boston, MA 02133 at (617)727-2834 for document fees and mailing instructions.

PERMIT A-ADMINISTRATION

General Anesthesia, Deep Sedation, Conscious Sedation, and Nitrous-Oxide Oxygen Sedation

I have attached documentation of one of the following:

- () Successful completion of one year advanced training in anesthesiology beyond dental school level.
- () Certification by the American Board of Oral and Maxillofacial Surgeons.
- () Certification as a fellow in Anesthesia by the American Dental Society of Anesthesiology.

PERMIT B-ADMINISTRATION

Conscious Sedation

- () I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2. A copy of dental school diploma or residency certificate is acceptable.

PERMIT C-ADMINISTRATION

Nitrous-Oxide Oxygen Sedation Only

- () I have attached documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain and Anxiety Dentistry, Parts 1 and 2. A copy of dental school diploma or residency certificate is also acceptable.

****Part 1 or Part 2 can be submitted***

PERMIT D-Facility Permit

Facility Permit for General Anesthesia, Deep Sedation, Conscious Sedation and/or Nitrous Oxide Sedation.

() I request that an on-site inspection be scheduled.

() I have attached a current certificate of successful completion of an on-site inspection be conducted by the Massachusetts Society of Oral and Maxillofacial Surgeons and request that such inspection be accepted in lieu of an on-site inspection by the Board.

Last Name

First Name

Date of Expiration

Massachusetts Dental License Number

Social Security Number

List All Practice Locations, Including Hospitals, at Which General Anesthesia, Deep Sedation, Conscious Sedation, or Nitrous Oxide Sedation is Administered, or Where You Are the Owner/Supervising Dentist.

Please Print Address

Phone

Facility

_____()_____
_____()_____
_____()_____

I HEREBY CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I HAVE A PROPERLY EQUIPPED FACILITY AND A PROPERLY TRAINED STAFF UNDER 234 CMR 3.00 ADMINISTRATION OF GENERAL ANESTHESIA, PARENTERAL SEDATION AND/OR CONSCIOUS SEDATION AND FURTHER THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL.

Date

Signature

OFFICE USE ONLY

Last Name_____

First Name_____

Date Fee Paid_____

Permit #'s Issued_____

Date_____

Instruction Sheet

1. **A fee of \$120** check or money order made payable to the Commonwealth of Massachusetts must accompany this application for each permit requested.
2. Please note **if you are the owner of the practice you will need to apply for a Facility Permit D as well. A fee of \$120** check or money order made payable to the Commonwealth of Massachusetts must accompany this application. (If you are requesting both a facility permit and an individual the fee is **\$240**)
3. Please attach documentation requested which pertains to the permit you are requesting.

For **PERMIT A** enclose either of the following:

- 1) Evidence of successful completion of one year advanced training beyond dental school level
- 2) Certification by the American Board of Oral and Maxillofacial Surgeons
- 3) Certification as a fellow in Anesthesia by the American Dental Society of Anesthesiology

For **PERMIT B** enclose either of the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.
- 2) A copy of dental school diploma or residency certificate

For **PERMIT C** enclose the following:

- 1) Documentation of successful completion of a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain Anxiety in Dentistry, Parts 1 and 2.
- 2) A copy of dental school diploma or residency certificate

- **PLEASE NOTE YOU CAN ONLY HOLD ONE INDIVIDUAL PERMIT (A,B,C)**
- **THE OWNER OF EACH PRACTICE MUST HAVE AN INDIVIDUAL (If they perform anesthesia) AS WELL AS A FACILITY PERMIT**